



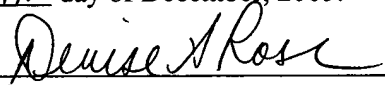
PATENT
Attorney Docket No. ASC-022CPC1
(058420/157317)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Wu et al. CONFIRMATION NO. 3708
SERIAL NO.: 10/603,852 GROUP NO.: 2811
FILING DATE: June 25, 2003 EXAMINER: Douglas W. Owens
TITLE: ETCH STOP LAYER SYSTEM

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

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Denise A. Rose

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
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Submitted herewith is/are:

- 1) Transmittal Form (1 page);
- 2) Amendment and Response to Office Action (16 pages);
- 3) Supplemental Information Disclosure Statement (2 pages);
- 4) PTO Form 1449 (1 page);
- 5) Copies of References (C159-C166);
- 6) Fee Transmittal (1 page); and
- 7) Check in the amount of \$180.00.



TRANSMITTAL FORM

| | |
|---------------------------|------------------|
| Application Serial Number | 10/603,852 |
| Filing Date | June 25, 2003 |
| First Named Inventor | Wu |
| Group Art Unit | 2811 |
| Examiner Name | Douglas W. Owens |
| Attorney Docket No. | ASC-022CPC1 |
| Patent No. | Not applicable |
| Issue Date | Not applicable |

ENCLOSURES (check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] | <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal | <input type="checkbox"/> Status Inquiry |
| <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (C159-C166) | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) | <input checked="" type="checkbox"/> Return Receipt Postcard |
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| | <input type="checkbox"/> Amendment After Allowance | |
| | <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | |

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